

**ALTERED MENTAL STATUS: SUSPECTED CEREBROVASCULAR ACCIDENT  
OR INTRACRANIAL HEMORRHAGE**

**ACTION/TREATMENT:**

- ABCs/monitor cardiac rhythm.
- IV access, rate titrated to perfusion as needed.
- Obtain blood sample for blood glucose analysis
- Assess for signs of obvious asymmetry
  - Check for facial droop / facial asymmetry.
    - Ask patient to show their teeth or to smile, observing for asymmetry.
  - Assess for motor weakness or paralysis.
    - Have patient extend both arms, palms upward; observe for downward drift.
  - Check for speech abnormalities.
    - Ask patient to speak a simple sentence; observe for slurring or inappropriate words
- Assess for suspicion of intracerebral hemorrhage:
  - Sudden, severe headache
  - Severe hypertension
  - Vomiting
  - Neurologic deficit (*e.g.* hemiparesis)
- Transport to appropriate receiving hospital
  - If suspected stroke, send to PRC with a functioning CT scanner
  - If suspected intracerebral hemorrhage, send to PTRC or PRC with neurosurgical capability

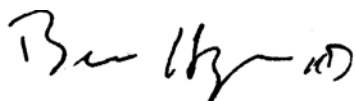
**NOTES:**

- Important: document time of onset of symptoms. Patients exhibiting any of the symptoms/signs of stroke that started within the previous two hours may be experiencing an acute stroke.
- The Los Angeles Prehospital Stroke Screen (LAPSS) is useful to evaluate acute, non-traumatic neurologic complaints. It is based on six criteria, if all six are checked "yes", the patient has a very high likelihood of having an acute stroke.

**Criteria:**

- Age >45 years
- History of seizures or epilepsy absent
- Symptom duration <24 hours
- At baseline, patient is not wheelchair bound or bedridden
- Blood glucose between 60 and 400
- Obvious asymmetry (right versus left) in any of these 3 categories (must be unilateral):
  - Facial smile/grimace
  - Grip
  - Arm strength

Approved:



Treatment Guidelines:medical:M-25  
Implementation Date: 01-01-04